

EXHIBIT 1

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:														
GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOHOCKEN STATE WEST CONSHOHOCK, PA 19428-3801														
Due Date: JANUARY 19, 2007 Account # 02819-04452-0003-0001-10 Receipt # 2058691 Building Name: Address: 101 MURRAY STREET														
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training														
L I N E	Employee Last Name SSN		Init	Job Class	Full Time/ Part Time	Exper- ienced	Emp Status Change Reason	Employee Status Change Date MM	Hours	Weeks	Months	Adv. Months	Wages	401k
	1	DAWKINS 078-62-3375	A	OT	F	Y				13	3			
2	PIDZINSKI 063-64-6660	B	OT	F	Y				13	3				
3	MEIKLE 101-66-1100	C	OT	F	Y				13	3				
4	NILAJ 109-88-2606	D	OT	F	Y				13	3				
5														
6														
7														
8														
9														
10														
11														
12														
TOTALS:												52	12	
FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total								
Health	899.22	x	12	=	9150.60	899.22	x		=					
Pension	49.75	x	52	=	2587.00									
Legal	18.63	x	12	=	223.56	18.63	x		=					
Profit Sharing	13.00	x	52	=	676.00									
401k														
Training	12.13	x	12	=	145.56	12.13	x		=					
Prepared By:	CLARE MCGEE				Title:				TOTAL DUE		13,382.72			
Email:	ASMITH@GCASERVICES.COM				Phone: (718) 990-1554									
Signature:					Date:									
Comments:														

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:														
GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOHOCKEN STATE WEST CONSHOHOCK, PA 19428-3801														
Due Date: JANUARY 19, 2007 Account # 02819-05531-0003-0001-10 Receipt # 2058693														
Building Name: AT ST JOHN'S UNIV STATEN Address: AT ST JOHN'S UNIV STATEN														
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training														
LINE	Employee Last Name SSN		Init.	Job Class	Full Time / Part Time	Exper. / tenured	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
	AHMETAJ		S	OT	F	Y				13	3			
	095-86-2194													
	BALILI		I	OT	F	Y				13	3			
	093-86-5589													
	BAPTISTE		M	OT	F	Y				13	3			
	059-84-5476													
	CANTON		M	OT	F	Y				13	3			
	053-62-9831													
	DE NOVELLIS		V	OT	F	Y				13	3			
	107-40-8502													
	DELUCA		M	OT	F	N					3			
	111-34-5284													
FLYNN		S	OT	F	Y				13	3				
080-74-0259														
GALE		L	OT	F	N					3				
087-54-4152														
GOGA		D	OT	F	Y				13	3				
109-54-2007														
JBSARI		E	OT	F	Y				13	3				
121-56-1451														
JASARI		J	OT	F	Y				13	3				
056-66-7002														
KILLEN		R	OT	F	Y				13	3				
109-40-6624														
TOTALS:														
FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit		Total	Rate	Time Unit		Total						
	899.22	x		=	899.22	x		=						
	49.75	x		=										
	18.63	x		=	18.63	x		=						
	13.00	x		=										
12.13	x		=	12.13	x		=							
Prepared By: CLARE MCGEE							Title:							
Email: ASMITH@GCASERVICES.COM							Phone: (718) 990-1554							
Signature:							Date:							
Comments:							Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477							
For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354														

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

EIN:

GCA SERVICES GROUP INC
C/O CLARE MCGEE
300 CONSHOHOCKEN STATE
WEST CONSHOHOCKEN, PA 19428-3801



Due Date: JANUARY 19, 2007

Account # 02819-05531-0003-0001-10

Receipt # 2058693

Building Name:

Address: RT ST JOHN'S UNIV STATEN

Month End Date 12/31/2006 Health Pension Legal Profit Sharing 401k Training
 Quarter End Date 12/31/2006 Health Pension Legal Profit Sharing Training

L I N E	Employee Last Name SSN	Init	Job Class	Full Time / Part Time	Experi- enced	Emp Status Change Reason	Employee Status Change Date MM	Hours	Weeks	Months	Adv. Months	Wages	401k
1	LEKKERAJ 068-88-4328	A	OT	F	Y					13	3		
2	LOPEZ 056-68-4059	A	OT	F	Y					13	3		
3	LUCERO 055-88-0589	F	OT	F	Y					13	3		
4	MANZIONE 070-68-9539	P	OT	F	Y	HI	7/07/2006			13	3	1	
5	MC GOVERN 121-36-0944	R	OT	F	Y					13	3		
6	NOEL 085-62-4208	A	OT	F	Y					13	3		
7	OBRIEN 118-42-3131	A	OT	F	Y	HS	7/09/2006						
8	PACHECO 093-52-5739	C	OT	F	Y					13	3		
9	PACHECO 076-64-2882	G	OT	F	Y					13	3		
10	PENA 061-46-5238	M	OT	F	Y					13	3		
11	PENA 129-84-8548	B	OT	F	Y					13	3		
12	ZIBERI 066-76-3414	G	OT	F	Y					13	3		
TOTALS:								273	69	1			

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
32BJ Health	890.22	x	69 = 56,065.95	899.22	x	1 =		
Pension	49.75	x	273 = 13,581.75					
Legal	18.63	x	69 = 1,285.47	18.63	x	1 =		
Profit Sharing	13.00	x	273 = 3,549.00					
401k								
Training	12.13	x	69 = 836.97	12.13	x	1 =		
Prepared By:	CLARE MCGEE			Title:			TOTAL DUE	75,319.14
Email:	ASMITHEGCASERVICES.COM			Phone: (718) 990-1554			Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10285-1477	
Signature:				Date:				
Comments:								

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

EIN:

GCA SERVICES GROUP INC
C/O CLARE MCGEE
300 CONSHOHOCKEN STATE
WEST CONSHOHOCK, PA 19428-3801



Due Date: JANUARY 19, 2007

Account # 02819-05755-0003-0001-10

Receipt # 2058695

Building Name: ST JOHNS UNIVERSITY

Address: RT ST. JOHNS JAMAICA

Month End Date 12/31/2006 Health Pension Legal Profit Sharing 401k TrainingQuarter End Date 12/31/2006 Health Pension Legal Profit Sharing Training

Line No.	Employee Last Name	Init.	Job Class	Full Time/ Part Time	Exper- ienced	Emp Status Change Reason	Employee Status Change Date **	Hours	Weeks	Months	Adv. Months	Wages	401k
	SSN												
1	ADAMS	J	OT	F	Y					13	3		
	085-46-6024												
2	ALVAREZ	G	OT	F	Y					13	3		
	111-46-0534												
3	ALVAREZ	M	OT	F	Y					13	3		
	150-92-8922												
4	APONTE	W	OT	F	Y					13	3		
	128-78-8728												
5	ARISTIZABAL	C	OT	F	Y					13	3		
	121-92-7940												
6	ARNE	C	OT	F	Y					13	3		
	092-82-1260												
7	ASENCIO	J	OT	F	N						3		
	105-76-3925												
8	BENOIT	J	OT	F	Y					13	3		
	094-44-0301												
9	BETANCOURT	D	OT	F	Y					13	3		
	061-46-7944												
10	BOBKQ	J	OT	F	Y					13	3		
	064-56-1581												
11	BORBOR	A	OT	F	Y					13	3		
	063-74-4499												
12	BOYCE	N	OT	F	Y					13	3		
	058-58-8116												

TOTALS:

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		

Prepared By:

CLARE MCGEE

Title:

TOTAL DUE

Email:

ASMITH@GCASERVICES.COM

Phone:

(718) 990-1554

Make check payable and

send payment to:

Building Service 32BJ Benefit Funds

P.O. Box 11477

New York, NY 10286-1477

Signature:

Date:

Comments:

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

Please Make Necessary Changes According to Funds Policies and Procedures

Building Service 32BJ Benefit Funds REMITTANCE REPORT													
EIN:													
Due Date: JANUARY 19, 2007			Account # 02819-05755-0003-0001-10			Receipt # 2058695							
Building Name: ST JOHNS UNIVERSITY			Address: RT ST. JOHNS JAMAICA										
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training			Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training										
Line	Employee Last Name SSN	Init	Job Class	Full Time / Part Time	Exper- tiated	Emp Status Change Reason	Employee Status Change Date xx	Hours	Weeks	Months	Adv. Months	Wages	401k
1	CALVANIO 072-52-9402	D	OT	F	N					3			
2	CAMILLI 123-62-1322	A	OT	F	Y				13	3			
3	CAMPBELL 102-34-0681	A	OT	F	Y				13	3			
4	CAMPOS 088-75-8642	N	OT	F	N					3			
5	CAPILLAN 077-62-5593	P	OT	F	Y				13	3			
6	CARABALLO 099-52-8301	R	OT	F	Y				13	3			
7	CASTAGNETTO 114-70-3258	M	OT	F	Y				13	3			
8	CASTILLO 589-48-4157	M	OT	F	Y				13	3			
9	CHAU 051-80-2921	V	OT	F	Y	HI	11/10/2006			1			
10	CHEH 122-74-0634	K	OT	F	Y				13	3			
11	CLAROS 050-68-0145	J	OT	F	N					3			
12	COLORADO 059-74-5244	J	OT	F	Y				13	3			
TOTALS:													
FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)			Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total							
Health	899.22	x	=	899.22	x	=							
Pension	49.75	x	=										
Legal	18.63	x	=	18.63	x	=							
Profit Sharing	13.00	x	=										
401k													
Training	12.13	x	=	12.13	x	=							
Prepared By: CLARE MCGEE				Title:				TOTAL DUE					
Email: ASMITH@GCASERVICES.COM				Phone: (718) 990-1554									
Signature:				Date:				Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477					
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GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCHOCKEN STATE WEST CONSHOHOCK, PA 19428-3801														
Due Date: JANUARY 19, 2007 Account# 02819-05755-0003-0001-10 Receipt# 2058695														
Building Name: ST JOHNS UNIVERSITY Address: RT ST. JOHNS JAMAICA														
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> 401k <input checked="" type="checkbox"/> Training														
L I N E #	Employee Last Name		Init	Job Class	Full Time / Part Time	Exper- ienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
	SSN													
1	CONDE	116-46-3096	A	OT	F	Y				13	3			
2	CORNIER	092-36-0274	R	OT	F	Y				13	3			
3	DAVILA	127-64-2883	M	OT	F	Y				13	3			
4	DE NOVELLIS	107-40-8502	V	OT	F	Y				13	3			
5	DEBRILL	108-55-1125	F	OT	F	Y				13	3			
6	DEPINGERNIIS	131-36-4267	R	OT	F	Y	HS	7/09/2006						
7	DICE	067-56-5141	R	OT	F	Y				13	3			
8	DICE	067-56-7622	R	OT	F	Y				13	3			
9	ENCHAUTEQUEL	068-60-1008	M	OT	F	Y				13	3			
10	FLETCHER	052-48-7122	D	OT	F	Y				13	3			
11	FONTANES	580-90-6125	D	OT	F	Y				13	3			
12	FRANCO	076-56-4992	V	OT	F	Y				13	3			
TOTALS:														
FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)		Total Due per Fund			
	Rate	Time Unit	Total	Rate	Time Unit	Total								
Health	899.22	x	=	899.22	x	=								
Pension	49.75	x	=											
Legal	18.63	x	=	18.63	x	=								
Profit Sharing	13.00	x	=											
401k														
Training	12.13	x	=	12.13	x	=								
Prepared By:	CLARE MCGEE				Title:				TOTAL DUE					
Email:	ASMITH@GCASERVICES.COM				Phone: (718) 990-1554									
Signature:					Date:						Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477			
Comments:														

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Building Service 32BJ

Benefit Funds

REMITTANCE

REPORT

EIN:

GCA SERVICES GROUP INC
C/O CLARE MCGEE
300 CONSHOCHOCKEN STATE
WEST CONSHOHOCK, PA 19428-3801



Due Date: JANUARY 19, 2007

Account # 02819-05755-0003-0001-10

Receipt # 2058695

Building Name: ST JOHNS UNIVERSITY

Address: RT ST. JOHNS JAMAICA

Month End Date 12/31/2006	<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training

L I N E	Employee Last Name SSN	Init.	Job Class	Full Time / Part Time	Exper- ienced	Emp Status Change Reason	Employee Status Change Date **	Hours	Weeks	Months	Adv. Months	Wages	401k
1	PREIRE 056-62-9060	J	OT	F	Y					13	3		
2	GALARCE 119-50-7507	F	OT	F	Y					13	3		
3	GALATA 122-48-0909	J	OT	F	Y					13	3		
4	GALICIA 085-72-7117	J	OT	F	Y					13	3		
5	GARCIA 110-46-5303	G	OT	F	Y					13	3		
6	GBNAO 124-35-2529	P	OT	F	Y					13	3		
7	GERDOVCI 102-88-3129	R	OT	F	Y					13	3		
8	GIACOMANTONI 109-38-2885	M	OT	F	Y					13	3		
9	GOMEZ 083-74-8825	J	OT	F	Y					13	3		
10	GUZMAN 053-42-5341	O	OT	F	Y					13	3		
11	HAYNS 074-60-1960	T	OT	F	Y					13	3		
12	HELPERICH 083-44-5084	G	OT	F	Y					13	3		

TOTALS:

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		

Prepared By: CLARE MCGEE

Title:

TOTAL DUE

Email: ASMITH@GCASERVICES.COM

Phone: (718) 990-1554

Make check payable and
send payment to:
Building Service 32BJ Benefit Funds
P.O. Box 11477
New York, NY 10286-1477

Signature:

Date:

Comments:

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